



City of Portland Revenue Division

PAYDAY LENDER BORROWER COMPLAINT FORM

Please print legibly or type the information below

City in which the payday loan originated: _____

Borrower Information

Your Name _____ Date _____

Your Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Loan Number _____ Loan Date _____

Lender Information

Business Name _____ Date _____

Business Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Complaint:

Return To:
Revenue Division
PO Box 8084
Portland, OR 97207-8084
hrios@portlandoregon.gov
503-865-2488